FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	ORGANIZATION	
i Ornwi i	(See instructions)	Office use only
NAME OF COMMITTEE (in	(Check if name Example: If typying, type over the lines	12FE4M5
SYNERGY PA	3	
ADDRESS (number and	street) 6849 Old Dominion Drive	
(Check if address is changed)	Suite 222	
	McLean	VA 22101 - 1
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA	IL ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	None	
COMMITTEE'S WER	PAGE ADDRESS (URL)	
	None	
(Check if address is changed)	,	
2. DATE 0.1	1 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICA	TION NUMBER C C00409623	
4. IS THIS STATEM	NEW (N) OR X AMENDED (A)	
L certify that I have exami	ned this Statement and to the best of my knowledge and belief it is true, correct an	nd complete
roomy that mave oxam		ia complete
Type or Print Name of	Treasurer Leslie J. Kerman	
Signature of Treasurer	Electronically Filed by Leslie J. Kerman	Date 01 / 26 / YYYYY
NOTE: Submission of fa	lse, erroneous, or incomplete information may subject the person signing this Stat	•
Office Use Only	For further information Federal Election Commis Toll Free 800-424-9530	contact: FEC FORM 1